Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ELITE HEALTHCARE GARLAND
14110 DALLAS PKWY STE 100
DALLAS TX 75254

Respondent Name
NEW HAMPSHIRE INSURANCE CO

Carrier's Austin Representative
Box Number 19

MFDR Tracking Number
M4-13-3161--01

MFDR Date Received
JULY 29, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The attached date of service, 12/8/2013 [sic], was denied. The denial states, 'Expenses incurred prior to coverage.' The date of injury is in fact 11/28/2011. Please see attached Benefit Review Conference showing her date of injury being 11/28/2011. Therefore, this denial in [sic] incorrect and this date of service should be PAID IN FULL IMMEDIATELY."

Amount in Dispute: $259.54

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This review allowed $0.00 with the denial of: The level of E&M code submitted is not supported by documentation."

Response Submitted by: Gallagher Bassett Services, Inc., 6404 International Pkwy, Ste. 2300, Plano, TX 75093

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 8, 2011	Office Visit	$259.54	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - BL – This bill is a reconsideration of a previously reviewed bill, allowance amounts do not reflect previous payments.
   - BL – After review of the bill and the medical record, this service is best described by code 99202. Submitted documentation did not meet the key components required for 99204.

- BL – CV reconsideration no additional allowance recommended. This bill and submitted documentation have been re-evaluated by clinical validation. Submitted documentation d
- BL – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, or the providers PPO contract.
- 15 – (150) Payer deems the information submitted does not support this level of service.
- W1 – (W1) Workers Compensation State Fee Schedule adjustment.
- 26 – Expenses incurred prior to coverage.

Issue

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The date of the service in dispute is December 8, 2011. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on July 29, 2013. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services involve issues identified in §133.307, subparagraph (B), which states in part, "a request may be filed later than one year after the dates of service if a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability." Review of the Contested Case Hearing Decision and Order finds this decision was signed by the Hearing Officer on June 8, 2012. The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute. For that reason, the merits of the issues raised by both parties to this dispute have not been addressed.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	October 24, 2013 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.